

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/743857

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			★		★		★	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1												
2		1					51						
3		2					52						
4		2					53						
5		0					54						
6		0					55						
7		0					56						
8	1						57						
9		1					58						
10		1					59						
11		1					60						
12		1					61						
13	1						62						
14		1					63						
15		2					64						
16		0					65						
17		0					66						
18		0					67						
19	1						68						
20		1					69						
21		1					70						
22		1					71						
23	1						72						
24		1					73						
25	1						74						
26		1					75						
27		1					76						
28							77						
29							78						
30							79						
31							80						
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39							88						
40							89						
41							90						
42							91						
43							92						
44							93						
45							94						
46							95						
47							96						
48							97						
49							98						
50							99						
TOTAL IND.	6						TOTAL IND.						
TOTAL DEP.	20						TOTAL DEP.						
TOTAL CLAIMS	30						TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS